


**Secondary One-Year Option Program Completion Form**

**Instructions** – Students should complete the student information section and submit to their high school/career-tech center. The high school/career-tech center is responsible for providing information on the completion of the secondary program as well as sending this form to the college/university selected. Please note, students will need to provide documentation of their credential(s) upon matriculation at the college/university.

**Student Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 High School Graduation Date: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please send this form to the following college/university:**

Name of Institution: \_\_\_\_\_  
 College Department/Office: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Secondary Program Information (to be completed by the high school/career-tech center)**

The student must successfully complete the approved secondary program within their pathway and complete any credentialing requirements outlined on the One-Year Option template. Students must access the credit within five years of graduation, and all credentials must be current.



<b>Secondary One-Year Option Completed</b>		<input type="checkbox"/> Cosmetology
<b>Name of institution:</b>		
<b>Address:</b>		
<b>Name of (CT)<sup>2</sup> Contact Person:</b>	<b>Title:</b>	
<b>Email:</b>	<b>Phone:</b>	
<b>Signature of (CT)<sup>2</sup> Contact Person:</b>	<b>Date:</b>	

**Contact Information**

Questions about One-Year Option requirements may be directed to Ohio Articulation and Transfer Network staff at:

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